

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION President		CB/ID No.	DIVISION or BUREAU OOP			INDEX NUMBER 3000
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.510

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE   TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
6/11														
13	12:00	SF-Toronto	260.12			31.21		61.39	T	10.00		0.00	16.12	378.84
14		Toronto	260.12					24.56	T			0.00	96.93	381.61
15		Toronto	260.12	23.88	12.52							0.00	16.12	312.64
16		Toronto	260.12	26.64	45.13							0.00		331.89
17		Toronto	260.12	7.22								0.00	264.01	531.35
18		Toronto	260.12	16.13								0.00	183.03	459.28
19	11:30	Toronto-Bethesda MD	238.43		8.08	97.07		129.39	T			0.00		472.97
20		Bethesda MD	238.43	3.05		43.50		2.50	R			0.00	67.91	355.39
21	13:00	Bethesda MD-San Diego			16.94			80.00	T			0.00		96.94
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			2,037.58	76.92	82.67	171.78	0.00	297.84		10.00	0.00	0.00	644.12	3,320.91
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$3,320.91

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/13-19 ISSCR Conference and collaborative funding meetings  
6/19-21 NICHD Conference and collaborative funding meetings

2010OOP14

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 7/27/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7/28/2011
(17) OFFICER'S NAME AND TITLE (See Item 17 on reverse)			DATE